

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 96
Registered No. 527

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 1011 Sullivan St St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Ramon Hernandez If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Dec. 1 - 1928
Month Day Year

8. FATHER
Full name Miguel Hernandez

9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

10. Color or race Mex 11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Jalisco
(State or country) Mex.

13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Ramona Pico

15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

16. Color or race Mex. 17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Nayarit
(State or country) Mex.

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 1 (a) Born alive and now living 1
(Taken as of time of birth of child herein certified and including this child). (b) Born alive but now dead _____
(c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 2 A. m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Cronin Physician
(Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year

Filed

Jan 2 29 1929

C. E. Cronin

Registrar.

Registrar.

189-1201-996